

APPLICATION INSTRUCTIONS

PREPARING YOUR APPLICATION FOR SUBMISSION

Batavia United Way will not accept an application that is hand-written. Please follow the additional guidelines for submission. A disregard of these guidelines could result in your application being disqualified for consideration.

No additional pages will be accepted with the application unless stated in the application instructions or approved by the United Way staff.

Allow 1-inch margins.

Use an 11 or 12-point font, preferably "Arial", "Helvetica" or a similar font. Single-space your response; double space between report sections.

Use bold and "all cap" type only for headings. Italic type or underlining may be used to emphasize key phrases – not complete paragraphs!

APPLICATIONS ARE DUE IN THE BATAVIA UNITED WAY DESK NO LATER THAN 5:00 p.m April 9, 2010 ABSOLUTELY NO EXCEPTIONS! LOCATION: The Holmstad , 700 W. Fabyan Parkway, #120 A, Batavia, IL 60510 - 630-879-4041.

Electronic Copies/ Hard Copies

Electronic Copies are accepted. Send to BataviaUnitedWay@juno.com
Subject line to Read: Grant/Allocation forms Agency Name

If submitting Electronically: you MUST also submit 5 hard copies.

990's: 2

Management Letter: 10 copies

Anti-Terrorism letter: 1 signed copy

Agency Agreement (Membership) Letter: 1 signed copy

Hard copies: Submit 10

	<p>All originals plus copies must be on THREE-HOLE PUNCH (left-hand side) paper and must be stapled together in the upper left-hand corner.</p> <p>The original and the required for Points I through VIII: Program narrative (one-page limit) & Outcome Measurement (Attachment A) Client population and conditions page (one page limit) Client success story (one page limit) Budget information – Attachment B Budget narrative (one page limit) List of funding or requests from other sources (one page limit) Demographic Profile – Attachment C (2 pages) List of Board of Directors Most recent audit and management letter 10 copies 990's (2 copies with application)</p>
	<p>The following forms are required as part of your application packet. Only one copy is required for Points IX through XII: Signed Agency Agreement (one per application) Anti-Terrorism Compliance Measures (one per application)</p>
	<p>To the best of my knowledge, the agency operates in compliance with all applicable laws and regulations governing not-for-profit corporations in Illinois. (Initials required)</p>

Getting Started

I. AGENCY ORGANIZATION

- Please record information concerning your agency's name, program, funding request, contact information, employees and volunteers.

II. PROGRAM NARRATIVE (One-page limit and Outcome Measurement page)

- This section is limited to one page. Please provide a description of the program and its specifics. This is your opportunity to spell out how the program is going to address the needs of the clients and the conditions they face; please do so in a clear and concise manner (ex: 1. Staff and trained volunteers work directly with participants through a combination of one-on-one counseling sessions and small group meeting with families in similar situations. Progressive continuing education sessions and newsletters are delivered every two months that provide a vehicle for continued support and encouragement.) The fund distribution volunteer's want a clear picture of what services are provided to address the conditions the clients face (which you will identified in the Client Population Specifics), and how this program contributes to the community.
- Document Program Outcomes by using the Outcome Measurement grid (**attachment A**)

III. CLIENT POPULATION AND CONDITIONS (One page limit)

- This information relates directly to client need. The factual description provided should clearly describe whom this program serves and the conditions they experience (Ex.1. Youth ages 15 to 17 in ABC County, Ex. 2 Families earning \$35,000 per year or less.) Spell out why your intervention is required and the scope of the problem being addressed. (Ex.1. Statistically, --% of will drop out of school by the age of --, Ex. 2 many of these families are lacking the skills necessary to manage credit card debt, or assess their own financial situation.) Stay within one-page maximum allowance.

IV. CLIENT SUCCESS STORY (One page limit)

- Give a detailed account of a particular success story that will provide volunteers with a clear picture of how the program has helped to improve someone's life. (This narrative may also be used in United Way communications.) You should describe the challenge(s) faced by the client, what intervention was required and subsequently provided, how long it took to achieve this level of success, and how the client is doing. Please DO NOT use client names.

V. PROGRAM AND AGENCY BUDGET (attachment B)

- The information under Agency Budget reflects the expenses and revenues for the ENTIRE agency. (This should consist of all programs within the agency, including those that do not receive funding from United Way).
- The Program Budget numbers should reflect ONLY the expenses and revenues for the program addressed in this proposal.
- Below is a list of descriptions for specific line item categories.

Support and Revenue:

United Way Program Funding

Include the amount requested from Batavia United Way, Fox Valley United Way , United Way of Central Kane County and Other (ie. Elgin United Way).

United Way Designations/Other

Include all other monies projected to be received from other United Ways in your service area (Mentioned above) and identify the name and location of the United Way.

Township Funding

Batavia and Aurora Township including all others in your service area

Contributions

Include Individual, foundation or corporate gifts. Do not include agency fundraisers or government grants.

Fundraising & Special Events

Gross proceeds from agency's fund raisers.

Legacies & Bequest

Revenue received from estates, will and individual personal gift

Client Fees

Charges assessed for all or part of services rendered.

Associated Organizations

Contributions from organizations directly related to the agency by identity of purpose, programs, or clientele including contributions from a sponsoring parent agency.

Fees & Grants from Government Agencies (Specify in Budget Narrative)

Revenue received from city, county, state or federal governments for general operating needs. May also include fees paid by the government for services provided by your agency. Please identify the source as specifically as possible.

Membership Dues / Assessments

Amounts paid to your organization for personal membership.

Program Service or Client Fees

Any payments received from individuals for services provided by your agency.

Sales to Members/Public

Sales of materials and services to member units and to the public.

Investment Income

Includes interest, dividends, and royalties.

Other Revenue

Other Revenue should be a small percentage of the total. Any item in excess of \$1,000 should be detailed in the budget narrative.

Total Support & Revenue (Add revenue items)**Expenses:**

Expenses on the Statement of Activities are broadly termed categories. In most cases, you should be able to group your expenses within the categories listed. If necessary, you may rename a line item or use the blank line to accommodate your needs. However, please note any changes at the bottom of the budget sheet.

Program Salaries and Benefits

Payroll transactions for full and part-time employees, both salaried and hourly, as well as vacation pay and bonuses. Include medical and dental insurance premiums paid by you as the employer for those directly associated with a program. Also includes accident, life, and long-or short-term disability.

Administration Salaries and Benefits

Payroll transactions for full and part-time employees, both salaried and hourly, as well as vacation pay and bonuses. Include medical and dental insurance premiums paid by you as the employer for those directly associated with administration and not with program.

Professional Fees

Legal, auditing and accounting fees and expenses.

Office Supplies

Cost of materials, appliances and other office supplies used by an agency (exclusive of supplies directly tied to specific programs).

Program Supplies

Supplies used by the program.

Fund Raising Expense

Costs related to fundraising activities.

Postage & Shipping

Postage, parcel postage, express shipping, delivery or bulk mail costs.

Telephone

Telephone, long distance carriers, cellular, beeper, or fax charges.

Occupancy

Rent, electricity, heat and other utilities. Also includes janitorial and other maintenance services.

Equipment Rental & Maintenance

Cost of renting and maintaining equipment such as computers, copiers, typewriters, and calculators. Computer consultant, software upgrades and licensing agreements

Printing & Publications

Printing, commercial art, advertising and photographs.

Travel

Mileage reimbursement, hotel and meal costs, cab fares and other costs associated with staff and volunteer travel.

Conferences & Meetings

Registration fees for training conferences and other meetings.

Specific Assistance to Individuals

Expenses related to direct benefits provided to clients, usually food, clothing, shelter costs, etc.

Membership Dues

Amounts paid for membership in other organizations.

Awards & Grants

Grants that you provide for scholarships and fellowships.

Interest Expense

Interest paid on mortgage notes and short or long-term debt.

Insurance

Refers to property, vehicle, board liability, etc.

Payments to Affiliated Organization

Payments made to cooperate office, state or national chapters to be under the banner of a parent organization

Other Expenses

All other expenses not reportable in another expense classification. Any item in excess of \$1,000 should detail in the budget narrative.

Total Expenses (Add expense items)

VI. BUDGET NARRATIVE (One page limit)

- This page offers you the opportunity to explain any significant increases in revenue and expenditures and to itemized significant (over \$1,000) miscellaneous/other expenditures. Also explain variances (+/- 10% or \$5,000) in actual vs. budget. Identify committed sources of revenue such as program service fees, grants, contracted arrangements and income from government agencies and foundations. Outline consequences for the program in event of inadequate funding. Include contingency plans.

VII. DEMOGRAPHIC PROFILE FOR REQUESTED PROGRAM AND SERVICE STATISTICS

- Using **attachment C** you will break down the individuals served by the program in both our service area and total number served in this program by age, sex, ethnicity, and income level. (Note: this should be unduplicated count for the one-year period.) The information provides a clear picture of whom the program has served and if any changes are occurring within that population.
- Use **page 2 of the attachment C** to break out the individuals served by the program by zip codes.

VIII. BOARD OF DIRECTOR LIST:

- Include a copy of agency's Board of Directors. Include names, addresses, phone numbers and officers. Indicate the month and year of election and date terms expire.

IX. SIGNED AGENCY AGREEMENT (Original Copy only) (One copy)

- Both the Board President and Agency Executive Director must sign.

X. ANTI-TERRORISM COMPLIANCE FORM (Original, one copy)

- Anti-Terrorism Compliance Measures must be signed by the Agency's Executive Director.

XI. AUDIT AND MANAGEMENT LETTER (10 copies)

- Include a copy of your most recent audit along with the management letter.

XII. FORM 990 (10 Copies)

- Include a copy of form 990.

XIII. On a separate sheet Outline consequences for the program in event of inadequate funding. Include contingency plans.

XIII. Attachment D

Fundraising Events